



UNITED STRUCK S DEPARTMENT OF COMMERCE Patent and Trulemark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

|                           | APPLICATION NUMBER   | FILING/RECEIPT DATE  | PIRST NAMED APPLICANT  | ATTORNET LOCKE                                | NOTITIE                               |
|---------------------------|--|--|--|---|---------------------------------------|
|                           | 08/939,0   | 64 09/29/97  | KAMACHI  | Т   | SONY-P7815                            |
|                           |  |  | 0222/0129  | •   |                                       |
|                           | MILES EM   | <del></del>  |  |   |                                       |
|                           | CHARLES  |  |  | NOT ASSIGN                                    |                                       |
|                           |  | AND LIMBACH<br>RY BUILDING   |  |   |                                       |
|                           |  | CISCO CA 94111-  | 4060   | 2771  |                                       |
|                           | CHIA LIVINA  | Oloco Ch Jali  |  |   |                                       |
|                           |  |  | DATE MAILE   | D:  | 01/29/98                              |
| ٠.                        |  | NOTICE TO FILE MISS  | SING PARTS OF APPLICATION  | <b>1</b>                                      |                                       |
|                           |  | Filine   | g Date Granted   |   |                                       |
| 3-6 or<br>37 CF<br>any fe | nly of \$  | Dfor a □ large entity □ s<br>n TWO MONTHS FROM TH<br>abandonment. Extensions o | itted ALONG WITH THE PAYMENT mall entity in compliance with 37 CFI HE DATE OF THIS NOTICE within whof time may be obtained by filing a pet . | R 1.27. The surcharquich to file all required | ge is set forth in<br>d items and pay |
|                           | required items on this for<br>ge entity $\square$ small entity ( $\circ$ |  | iod set above, the total amount ow<br>s \$   | ved by applicant as                           | : <b>a</b> :                          |
| □ 1.                      | The statutory basic filing fe  | e is:  | •  |   |                                       |
|                           | missing.   |  | •  |   |                                       |
|                           | insufficient.  | to co  | omplete the basic filing fee and/or file   | a vorified small ent                          | ity                                   |
| •                         | Applicant must submit \$_<br>statement claiming such s                   |  | implete the basic ming fee and/or me   | a vermeu sman em                              | ny .                                  |
| □ 2                       | -  |  | uding any multiple dependent claim f   | ees, are required.                            |                                       |
|                           |  |  | or cancel additional claims for whic   |   |                                       |
| □ 3.                      | The oath or declaration:   |  |  |   |                                       |
| _ •.                      | is missing.  |  |  |   |                                       |
|                           | does not cover the ne  | wly submitted items.   | ••   |   |                                       |
|                           |  | application to which it applie   |  | •   |                                       |
| •                         |  |  | ntry of applicant's residence.   | and identifying the s                         | polication by                         |
|                           |  | mber and Filing Date is req  | 63, including residence information a  | anu identitying the a                         | ррисацоп ву                           |
| X 1                       | The signature(s) to the oat  |  | unco.  |   | •                                     |
| 4.                        | missing.   | in or declaration is/are.  | •  |   |                                       |
|                           |  | n inventor or person qualifie  | ed under 37 CFR 1.42, 1.43, or 1.47.   | •   |                                       |
|                           | A properly signed oath or  | declaration in compliance  | with 37 CFR 1.63, identifying the app  | olication by the abov                         | <b>e</b> .                            |
|                           | Application Number and F   |  |  |   |                                       |
| □ <b>5</b> .              | The signature of the follow  | ing joint inventor(s) is missi   | ing from the oath or declaration:  |   | •                                     |
|                           |  | ing the names of all inventomber and Filing Date, is rec                       | ors and signed by the omitted invento<br>quired.   | or(s), identifying this                       | application by                        |
| □ 6.                      | A \$ pro   | cessing fee is required sind   | e your check was returned without_p  | ayment (37 CFR 1.2                            | 21(m)).                               |
| <b>□ 7</b> .              | Your filing receipt was mai  | led in error because your c  | heck was returned without payment.   | •   |                                       |
|                           | The application does not c<br>See attached "Notice to Co                 |  |  |   | · .                                   |
|                           | OTHER:   | p.y mai coquento ridios  |  |   | <u>.</u> '                            |
|                           |  | ., , ,,, ., ., .   |  |   |                                       |
| Diroc                     | t the response and any due   | ' of ending sidt tillogs endire  | 'Attention: Box Missing Parts."  | - SC  |                                       |

**Customer Service Center** 

Initial Patent Examination Division (703) 308-1202

A copy of this notice MUST be returned with the response.